

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	WM	869	12-21-00
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 : ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	Original
1	12/28/00
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14	✓
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19	✓
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34	=
35	✓
36	✓
37	✓
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Claim	Date
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
staple additional sheet here